

National Environmental Assessment Reporting System (NEARS)

In spring 2017, a letter was sent to LBOHs by the Food Protection Program (FPP) requesting voluntary involvement in the CDC's NEARS program which is a nationwide surveillance system designed to capture environmental assessment data from foodborne illness outbreak investigations. Participating in NEARS can greatly assist Massachusetts and other states to prevent foodborne illness outbreaks. The NEARS data can be used to:

- Identify environmental causes of outbreaks.
- Take follow-up action to reduce or prevent future foodborne illness outbreaks.
- Evaluate food safety programs and make improvements based on established guidelines.
- Develop or modify program policies or regulations.
- Focus limited program resources on actions with the highest impact.

The CDC and national food safety partners recommend that all food safety programs use NEARS to improve food safety nationally. Environmental assessment data provided by LBOHs is critical to prevent and reduce future outbreaks. The CDC and its national food safety partners will use NEARS to analyze standardized data to understand how and why outbreaks occur, and share findings or recommend actions to better respond to outbreaks and prevent future ones.

Regulatory agencies, such as the FDA, can use information from NEARS to develop intervention strategies and to recommend regulations, such as updates to the Food Code. Food safety programs use this information during outbreak investigations, and on a daily basis, for issuing permits and inspecting restaurants and other facilities. The LBOH role in NEARS will be to complete the attached NEARS Parts II-IV, but **ONLY IN THE EVENT OF AN OUTBREAK**. The Food Protection Program will provide technical assistance to complete this form. Additional information about the NEARS program can be found at <https://www.cdc.gov/nceh/ehs/nears/>

NEARS Part II: Establishment Description, Categorization, and Menu Review

Collector's Name:

Establishment:

Date:

1. Date the establishment was identified for an environmental assessment: _____
2. Date first contact with the establishment management: _____
3. Number of visits to the establishment to complete this environmental assessment: _____
4. Number of contacts with the establishment other than visits (for example, phone calls, phone interviews with staff, faxes, etc.) to complete this environmental assessment: _____
5. Facility type: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"><input type="checkbox"/> Camp</div> <div style="width: 25%;"><input type="checkbox"/> Daycare Center</div> <div style="width: 25%;"><input type="checkbox"/> Mobile Food Unit</div> <div style="width: 25%;"><input type="checkbox"/> Restaurant in Supermarket</div> <div style="width: 25%;"><input type="checkbox"/> Caterer</div> <div style="width: 25%;"><input type="checkbox"/> Feeding Site</div> <div style="width: 25%;"><input type="checkbox"/> Nursing Home</div> <div style="width: 25%;"><input type="checkbox"/> School Food Service</div> <div style="width: 25%;"><input type="checkbox"/> Church</div> <div style="width: 25%;"><input type="checkbox"/> Grocery Store</div> <div style="width: 25%;"><input type="checkbox"/> Temporary Food Stand</div> <div style="width: 25%;"><input type="checkbox"/> Workplace Cafeteria</div> <div style="width: 25%;"><input type="checkbox"/> Correctional Facility</div> <div style="width: 25%;"><input type="checkbox"/> Hospital</div> <div style="width: 25%;"><input type="checkbox"/> Restaurant</div> <div style="width: 25%;"><input type="checkbox"/> Other (please describe)</div> </div>
6. How many critical violations/priority items/priority foundation items were noted during the last routine inspection? _____
7. What is the establishment's source of water? <input type="checkbox"/> Community water system <input type="checkbox"/> Transient, non-community water system <input type="checkbox"/> Non-transient, non-community water system <input type="checkbox"/> Other (please describe):
8. What is the establishment's sewage disposal method? <input type="checkbox"/> Public Sewage <input type="checkbox"/> On-site sewage disposal system <input type="checkbox"/> Other (please describe):
9. Was a translator <u>needed</u> to communicate with the kitchen manager during the environmental assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No, skip to #10) a. Was a translator used to communicate with the kitchen manager? <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Was a translator <u>needed</u> to communicate with the food workers during the environmental assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No, skip to #11) a. Was a translator used to communicate with the food workers? <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Establishment type (<i>select one</i>): <input type="checkbox"/> Prep Serve (no kill step at restaurant) <input type="checkbox"/> Cook Serve (at least 1 item prepared for same day service involves kill step) <input type="checkbox"/> Complex (at least 1 item requires kill step and holding beyond same day service)
12. Do customers have direct access to unpackaged food such as a buffet line or salad bar in this establishment? <input type="checkbox"/> Yes <input type="checkbox"/> No
13. Does the establishment serve raw or undercooked animal products (for example, oysters or shell eggs) in any menu item? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, skip to #14) a. Is a consumer advisory regarding the risk of consuming raw or undercooked animal products provided (for example, on the menu, on a sign)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, skip to #14) b. Where is the consumer advisory located? <input type="checkbox"/> On menu footnote <input type="checkbox"/> On menu in item description <input type="checkbox"/> On a sign <input type="checkbox"/> Other:
14. Which of the options below best describes the menu for the establishment? <input type="checkbox"/> American <input type="checkbox"/> Chinese <input type="checkbox"/> Thai <input type="checkbox"/> Japanese <input type="checkbox"/> French <input type="checkbox"/> Italian <input type="checkbox"/> Mexican <input type="checkbox"/> Other:

NEARS Part Manager Interview III

Collector's Name:

Establishment:

Establishment—General

1. Date the manager interview was conducted. _____

Read the following aloud for managers:

READ ALOUD:

I'd like to ask you some questions about this establishment. Please be as open and honest as possible. The first few questions focus on the establishment in general. Please make your best estimate if you do not know the exact number for the following questions.

2. Is this an independent establishment or a chain establishment? ☐Independent ☐Chain ☐Unsure ☐Refused

3. Approximately how many meals are served here daily? Number of meals served daily (give number)_____ ☐Refused

4. What is the establishment's busiest day, in terms of number of meals served? (Select one)

Based on the manager's response, only mark ONE day. If the manager responds that two or more days are the busiest days, reframe the question to ask if the manager had to choose just one day as the busiest, which would it be?

☐Monday ☐Tuesday ☐Wednesday ☐Thursday ☐Friday ☐Saturday ☐Sunday ☐Refused

5. Are any foods prepared or partially prepared at a commissary or any other location?

☐Yes ☐No ☐Unsure ☐Refused

6. Other than daily specials, when was the last time food items were added to your menu(s)?

☐No changes to menu items have occurred ☐In the last WEEK ☐In the last MONTH ☐More than a month ago ☐Unsure
☐Refused

7. Where does the establishment purchase or acquire its food? (Select all that apply; probe for additional responses.)

☐General Distributor/Wholesaler ☐Corporate distributor ☐Grocery store / Supermarket / Warehouse store
☐Farmer's Market ☐Other Restaurant ☐Non-regulated entity ☐Unsure ☐Refused ☐Other:

Questions about the Kitchen Managers

Read the following aloud for managers:

READ ALOUD:

The next few questions focus on kitchen managers. As I read the following questions, please keep in mind that we are asking about managers who have control over the kitchen area or back of the house.

8. In total how long have you worked as a kitchen manager?

The response should include the time the person has worked as a kitchen manager at the **current establishment and any other food service establishments before the current one**. If the manager refuses to answer the question, mark Refused.

☐Less than 6 mo. ☐6 mo – less than 1 yr. ☐1 yr – less than 2 yr. ☐2 yr – less than 4 yr. ☐4 yr – less than 6 yr.

☐6 yr – less than 8 yr. ☐8 yr – less than 10 yr. ☐10 yr or more ☐Refused

9. Approximately how long have you been employed as a kitchen manager in this establishment?

☐Less than 6 mo. ☐6 mo – less than 1 yr. ☐1 yr – less than 2 yr. ☐2 yr – less than 4 yr. ☐4 yr – less than 6 yr.

☐6 yr – less than 8 yr. ☐8 yr – less than 10 yr. ☐10 yr or more ☐Refused

10. How many kitchen managers, including you, are currently employed in this establishment?

Number of managers (give number)_____ ☐Unsure ☐Refused

Read the following aloud for managers:

READ ALOUD:

The next few questions focus on the language-related knowledge and skills of all kitchen managers in your establishment. Please think about your language abilities and those of other kitchen managers in this establishment.

For the purpose of these questions, fluent means able to clearly, easily, and readily understand and communicate verbal messages in the language specified.

If a manager is bilingual or trilingual, please check all languages he or she speaks fluently.

Please make your best estimate if you do not know the exact number for the following questions.

11. What language(s) do you and other managers in this establishment speak fluently?

☐ English ☐ Spanish ☐ French ☐ Chinese (any dialect) ☐ Japanese ☐ Other _____

12. What languages do you and other managers speak at work?

☐ English ☐ Spanish ☐ French ☐ Chinese (any dialect) ☐ Japanese ☐ Other _____

13. In your opinion, how well do you communicate verbally with your food workers: very well, somewhat well, or not well at all? ☐ Not well at all ☐ Somewhat well ☐ Very well ☐ Unsure/Don't Know

Read the following aloud for managers:

READ ALOUD:

The next few questions ask about kitchen manager food safety training and certification.

14. Do any kitchen managers receive food safety training?

☐ Yes ☐ No (If No, skip to 15) ☐ Unsure (If Unsure, skip to 15) ☐ Refused (If Refused skip to 15)

a. How many kitchen managers have had food safety training? If you aren't sure, use your best guess.

☐ Number of Managers (give number) _____ ☐ Unsure (If Unsure, skip to 15) ☐ Refused (If Refused skip to 15)

b. What type of food safety training do kitchen managers (you) receive? Is it on the job or a class or course taken somewhere other than work, or both of these types? (Check all that apply)

☐ On the job training ☐ A class / Course taken at a university, community college, or culinary school or other educational institution

Read the following aloud for managers:

READ ALOUD:

The next few questions ask about kitchen manager food safety certification where you receive a certificate upon completion of the training course.

15. Does this establishment require that kitchen managers have a food safety certification?

☐ Yes ☐ No ☐ Unsure ☐ Refused

16. Are any kitchen managers, including you, food safety certified? ☐ Yes ☐ No (If No, skip to 17) ☐ Unsure (If Unsure, skip to 17) ☐ Refused (If Refused skip to 17)

a. How many kitchen managers in this establishment, including yourself, are food safety certified by an ANSI-accredited program such as ServSafe, National Registry of Food Safety Professionals, Prometric, 360Training, or Above Training/StateFoodSafety? ☐ Number of Managers (give number) _____ ☐ Unsure

☐ Refused

Questions about Food Workers

Read the following aloud for managers:

READ ALOUD:

The next set of questions focuses on food workers. By food workers I mean employees, excluding managers, who work in the kitchen.

This does not include staff who have no food handling responsibilities or who have very limited food contact such as adding garnish or condiments to a plate.

17. How many food workers do you have? If you do not know the exact number, an estimate will be fine.

- ☐ Number of workers (give number) _____ ☐ No workers or all food workers are managers, skip to 21
☐ Unsure ☐ Refused

18. What language(s) do food workers in this establishment speak fluently?

- ☐ English ☐ Spanish ☐ French ☐ Chinese (any dialect) ☐ Japanese ☐ Other _____

19. What languages do food workers speak *at work*?

- ☐ English ☐ Spanish ☐ French ☐ Chinese (any dialect) ☐ Japanese ☐ Other _____

Read the following aloud for managers:

READ ALOUD:

The next few questions focus on food safety training and certification among food workers, excluding managers, and food worker sick leave policies.

20. Do any food workers receive food safety training? This training can be a course or a class, or it can be training that occurs on the job.

- ☐ Yes ☐ No (If No, skip to 21) ☐ Unsure (If Unsure, skip to 21) ☐ Refused (If Refused skip to 21)

a. How many food workers have had food safety training? ☐ Number of workers (give number) _____ ☐ Unsure
☐ Refused

b. What type of training do food workers receive? Is it on the job or a class or course taken somewhere other than work, or both of these types? (Check all that apply)

- ☐ On the job training ☐ A class / Course taken at a university, community college, or culinary school or other educational institution

Questions about the Establishment's Cleaning Policies

Read the following aloud for managers:

READ ALOUD:

Now I'm going to ask you some questions about policies you have in this establishment. Food safety policies can be informal and part of on-the-job or other establishment training or they may be formal, written documents that state the policy.

21. Does this establishment have a cleaning policy or schedule for the kitchen floor?

- ☐ Yes ☐ No (If No, skip to 22) ☐ Unsure (If Unsure, skip to 22) ☐ Refused (If Refused skip to 22)

a. Is this policy written? ☐ Yes ☐ No ☐ Unsure ☐ Refused

22. Does this establishment have a cleaning policy or schedule for the refrigerator units, such as a walk-in or reach-in? ☐ Yes ☐ No (If No, skip to 23) ☐ N/A (If N/A, skip to 23) ☐ Unsure (If Unsure, skip to 23) ☐ Refused (If Refused skip to 23)

a. Is this policy written? ☐ Yes ☐ No ☐ Unsure ☐ Refused

23. Does this establishment have a cleaning policy or schedule for the cutting boards?

☐ Yes ☐ No (If No, skip to 24) ☐ N/A (If N/A, skip to 24) ☐ Unsure (If Unsure, skip to 24) ☐ Refused (If Refused skip to 24)

a. Is this policy written? ☐ Yes ☐ No ☐ Unsure ☐ Refused

24. Does this establishment have a cleaning policy or schedule for the food slicers?

☐ Yes ☐ No (If No, skip to 25) ☐ N/A (If N/A, skip to 25) ☐ Unsure (If Unsure, skip to 25) ☐ Refused (If Refused skip to 25)

a. Is this policy written? ☐ Yes ☐ No ☐ Unsure ☐ Refused

25. Does this establishment have a cleaning policy or schedule for the food preparation tables?

☐ Yes ☐ No (If No, skip to 26) ☐ N/A (If N/A, skip to 26) ☐ Unsure (If Unsure, skip to 26) ☐ Refused (If Refused skip to 26)

a. Is this policy written? ☐ Yes ☐ No ☐ Unsure ☐ Refused

26. Does this establishment have a policy concerning disposable glove use?

☐ Yes ☐ No (If No, skip to 28) ☐ N/A (If N/A, skip to 28) ☐ Unsure (If Unsure, skip to 28) ☐ Refused (If Refused skip to 28)

a. Is this policy written? ☐ Yes ☐ No ☐ Unsure ☐ Refused

27. Does the glove use policy require that food workers wear gloves:

a. . . . at all times when working in the kitchen? ☐ Yes (If Yes skip to 28) ☐ No ☐ Unsure ☐ Refused

b. . . . when handling ready-to-eat foods? ☐ Yes ☐ No ☐ Unsure ☐ Refused

c. . . . when handling raw meat or poultry? ☐ Yes ☐ No ☐ N/A ☐ Unsure ☐ Refused

d. . . . when they have cuts or other skin injuries? ☐ Yes ☐ No ☐ Unsure ☐ Refused

Questions about Food Temperature Policies

Read the following aloud for managers:

READ ALOUD:

The next few questions refer to actual food temperatures, not the ambient temperatures where food is stored. The questions refer to temperatures taken using some type of thermometer.

28. Does this establishment have a policy to take the temperature of any incoming food products?

☐ Yes ☐ No (If No, skip to 29) ☐ Unsure (If Unsure, skip to 29) ☐ Refused (If Refused skip to 29)

a. Are temperatures of incoming products recorded? ☐ Yes ☐ No ☐ Unsure ☐ Refused

29. Excluding incoming products, does this establishment have a policy to take food temperatures?

☐ Yes ☐ No (If No, skip to 30) ☐ Unsure (If Unsure, skip to 30) ☐ Refused (If Refused skip to 30)

a. Are these food temperatures recorded? ☐ Yes ☐ No ☐ Unsure ☐ Refused

Questions about Employee Health Policies

Read the following aloud for managers:

READ ALOUD:

Now I'd like to ask you a few questions about worker health policies. Again, I am asking about policies that apply

to staff who primarily work with food—not staff who have no or very limited food handling responsibilities.

30. Does this establishment have a policy or procedure that requires food workers to tell a manager when they are ill?

☐ Yes ☐ No (If No, skip to 31) ☐ Unsure (If Unsure, skip to 31) ☐ Refused (If Refused skip to 31)

a. Is this policy in writing? ☐ Yes ☐ No ☐ Unsure ☐ Refused

b. Does this policy require ill workers to tell managers what their symptoms are? ☐ Yes ☐ No ☐ Unsure
☐ Refused

c. Does this policy specify certain symptoms that ill workers are required to tell managers about?

☐ Yes ☐ No (If No, skip to 30d) ☐ Unsure (If Unsure, skip to 30d) ☐ Refused (If Refused, skip to 30d)

c1. What are those symptoms? (*Check all that apply*)

Check all symptoms the manager specifically states. If the manager gives an answer that is not on the list, check *Other* and clearly describe the symptom.

☐ Vomiting ☐ Diarrhea ☐ Jaundice (yellow eyes or skin) ☐ Sore throat with fever ☐ A lesion containing pus (for example, boil or infected wound that is open or draining) ☐ Other _____

d. Does this policy apply to kitchen managers as well as food workers? For example, are kitchen managers required to tell their managers or owners when they are ill?

☐ Yes ☐ No ☐ Unsure ☐ Refused ☐ N/A (e.g. kitchen manager is owner)

31. When food workers say they are ill, do you typically ask if they are experiencing certain symptoms?

This question describes whether or not employees are specifically asked about their symptoms (for example, vomiting, diarrhea, fever, etc.). Sometimes employees may volunteer this information, but this question is very specific to the manager asking employees about specific symptoms.

☐ Yes ☐ No (If No, skip to 32) ☐ Unsure (If Unsure, skip to 32) ☐ Refused (If Refused, skip to 32)

a. What are those symptoms? (*Check all that apply*) ☐ Vomiting ☐ Diarrhea ☐ Jaundice (yellow eyes or skin) ☐ Sore throat with fever ☐ A lesion containing pus (for example, boil or infected wound that is open or draining)
☐ Other _____

32. Does this establishment have a policy or procedure to restrict or exclude ill workers from working? By restrict I mean the worker can work, but is not allowed to handle food, and by exclude I mean the worker does not work at all. ☐ Yes ☐ No (If No, skip to 33) ☐ Unsure (If Unsure, skip to 33) ☐ Refused (If Refused, skip to 33)

a. Is this policy in writing? ☐ Yes ☐ No ☐ Unsure ☐ Refused

b. Does this policy specify the specific symptoms that would prompt excluding or restricting ill workers from working? ☐ Yes ☐ No (If No, skip to 32c) ☐ Unsure (If Unsure, skip to 32c) ☐ Refused (If Refused, skip to 32c)

b1. What are those symptoms? (*Check all that apply*)

DO NOT read the answer choices aloud.

For this question it does not matter how the manager learns about the symptoms—whether the manager specifically asks for symptoms or the employee volunteers the information.

☐ Vomiting ☐ Diarrhea ☐ Jaundice (yellow eyes or skin) ☐ Sore throat with fever ☐ A lesion containing pus (for example, boil or infected wound that is open or draining) ☐ Other _____

c. Does this policy apply to kitchen managers as well as food workers? For example, are ill kitchen managers excluded or restricted from working? ☐ Yes ☐ No ☐ Unsure ☐ Refused

Read the following aloud for managers:

READ ALOUD:

The next few questions focus on the food worker and manager sick leave policy. As I read the following questions, please keep in mind that we are asking about managers who have control over the kitchen area or back of the house and food workers who are employees that work in the kitchen.

33. Do any kitchen managers (you) ever get paid when they miss work because they are ill?

☐ Yes ☐ No (If No, skip to 34) ☐ Unsure (If Unsure, skip to 34) ☐ Refused (If Refused, skip to 34)

a. How many kitchen managers get paid when they miss work because they are ill?

☐ Number of kitchen managers (give number) _____ ☐ Unsure ☐ Refused

34. Do any food workers ever get paid when work is missed because they are ill?

☐ Yes ☐ No (If No, skip to End of Manager Interview) ☐ Unsure (If Unsure, skip to End of Manager Interview)

☐ Refused (If Refused, skip to End of Manager Interview)

a. How many food workers get paid when they miss work because they are ill?

☐ Number of food workers (give number) _____ ☐ Unsure ☐ Refused

Read the following aloud for managers:

READ ALOUD:

Thank you very much.

End of Manager Interview

NEARS Part IV: Establishment Observations

Collector's Name:

Establishment:

Date:

Are hand sinks available in the employee restroom? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CNO* # of hand sinks in employee restroom _____ # hand sinks without warm water _____ # hand sinks without soap _____ # hand sinks without towels _____	
Is a hand sink available in the work area? <input type="checkbox"/> Yes <input type="checkbox"/> No # of hand sinks in work area _____ # hand sinks without warm water _____ # hand sinks without soap _____ # hand sinks without towels _____	
Are there cold storage units? <input type="checkbox"/> Yes <input type="checkbox"/> No # of cold storage units _____ Types observed: <input type="checkbox"/> Reach-in <input type="checkbox"/> Walk-in <input type="checkbox"/> Self-Serve/Salad Bar <input type="checkbox"/> Open Top # of cold storage units above 41°F _____ Type above 41°F: <input type="checkbox"/> Reach-in <input type="checkbox"/> Walk-in <input type="checkbox"/> Self-Serve/Salad Bar <input type="checkbox"/> Open Top Unit	
Are food workers using gloves while handling food? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a supply of disposable gloves available? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are any food workers handling ready-to-eat foods with bare hands? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are there records of the recorded temperatures of . . . incoming ingredients? <input type="checkbox"/> Yes <input type="checkbox"/> No foods excluding incoming ingredients? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there evidence of cross contamination of raw animal products with ready-to-eat foods? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Raw Animal Products Used	Is there cooling of hot foods? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CNO What cooling method(s) are used: _____
Were any foods observed in hot holding? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CNO Were all the temperatures at 135°F or above? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were any foods observed in cold holding? <input type="checkbox"/> Yes <input type="checkbox"/> No Were all the temperatures at 41°F or below? <input type="checkbox"/> Yes <input type="checkbox"/> No
Were any foods observed during cooking? <input type="checkbox"/> Yes <input type="checkbox"/> No Were the temperatures of measured foods during cooking at recommended temperatures? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are wiping cloths used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CNO Are all wiping cloths stored in sanitizing solution between uses? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CNO
Are mechanical washing machines used? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the wash cycle reach the recommended temperature? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the sanitizing cycle reach the recommended temperature for sanitation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CNO Is chemical sanitizing used? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the chemical sanitizing cycle have the recommended levels for the machine? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CNO	
Are there any hand washed equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CNO Are hand washed equipment washed, rinsed, and sanitized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CNO Is the sanitizing method (heat or chemical) properly implemented? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CNO	
Were any physical facilities &/or food handling practices different at the time of the exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you observe signs & instructions posted? <input type="checkbox"/> Yes <input type="checkbox"/> No Did the signs observed use pictures or symbols? <input type="checkbox"/> Yes <input type="checkbox"/> No What languages did you observe on the signs? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> No written words <input type="checkbox"/> Other, describe: _____

*CNO= Could Not Observe